

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN3101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/25/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 26 SECOND STREET MONTEAGLE, TN 37356		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	1200-8-6-.08(2) Building Standards (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on observations it was determined the facility failed to comply with the Tennessee Department of Health Building Standards. The findings include: Observations of the East nurses station and the multi purpose room on 4/25/11 at 9:45 AM, revealed water stained ceiling tiles. (TDOH) 1200-8-6-.08(2) This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 4/25/11.	N 832	N 832 1200-8-6-.08(2) Building Standards (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner tht the safety and well being of residents are assured. <u>Residents Affected/Potentially Affected:</u> Residents have the potential to be affected by cared practice . Water stained ceiling were painted with Kilz Stain. Maintenance performed walking rounds to identify any other stained ceiling tiles throughout the facility. <u>Systemic Change:</u> The Management team will perform walking rounds during the week to identify any stains on the ceiling and report to maintenance director/designee. <u>Monitoring Changes:</u> The Management team will perform walking rounds during the week to identify any stains on the ceiling and report to maintenance director/designee. Identified issues will be reviewed in Safety Meeting and discussed in QA for three months.	5/27/11 MDA

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

5582

HBLF21

If continuation sheet 1 of 1

Michael Ward, LHA